

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
09/530787

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		2		1			54						
5		①		1			55						
6		①		1			56						
7	1		1				57						
8		1		1			58						
9		1		1			59						
10		2		1			60						
11		①		1			61						
12		①		1			62						
13	1		1				63						
14	1		1				64						
15	1		1				65						
16		1		1			66						
17		2		1			67						
18			1				68						
19				1			69						
20				1			70						
21				1			71						
22			1				72						
23				1			73						
24				1			74						
25				1			75						
26			1				76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32			1				82						
33				1			83						
34			1				84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	10	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.			29				TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			39				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS